FOR OFFICE USE ONLY

## NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen,

Reporting Information

Completely fill in one circle.

Print legible numbers and block letters, no script.

Year: 2012		2009/120	
Fill in circle if amendment			
		RECEIVE	ED FEB n 6 2013
			120 110 2010
Il Client Information			7.4
Name: National Grid	AND LOCAL TO A STATE OF THE STA		
Permanent Business Address: 111 Washington A	Avenue		
City: Albany	State: NY		ZIP code: 12201
Phone: 518-417-3100			211 100001 12201
Business Relationship with an E Instructions: Fill out this section only if the Relat and fill out Section IV.	ntity tionship is with an Entity. If the	e Relationship is with	a State Person, skip this sect
Entity Name:			
Entity Address:			
City:	State:		ZIP code:
Phone:	*		
State Person with the Requisite Involvement in	n the Entity:		
Last name:	First name:		
State Person's Agency or Legislative Body of	Employment:		
Public Office Address:			
City:	State:		ZIP code:
Phone:			
Check here if using addendum sheet for add	litional State Person(s) with	h the Requisite Invo	olvement in the Entity:
Description of Business Relationship(s):			
Compensation (Actual or Anticipated):			
Expenses (Actual or Anticipated):	\$	.00	
Total Compensation and Expenses (Actual or	\$ Antique at a div	.00	
ordingerisation and expenses (Actual of	Armcipatea):	\$	.00
Beginning date of Business Relationship (Actua	al or Anticipated):	Month:	Year:
End date of Business Relationship (Actual or A		Month:	Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities:

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## Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions:  Fill out this section only if the Read fill out Section IV.  Fill out this section ONLY for add	elationship is with an Entity. If the		vith a State Person, skip this sections.
Entity Name:			
Entity Address:			
City:	State:		ZIP code:
Phone:			
State Person with the Requisite Involvemen	t in the Entity:		
Last name:	First name:		
State Person's Agency or Legislative Body	of Employment:		
Public Office Address:			
City:	State:		ZIP code:
Phone:			
Check here if using addendum sheet for a	dditional State Person(s) with	the Requisite II	nvolvement in the Entity:
Description of Business Relationship(s):			
Compensation (Actual or Anticipated):	\$	.00	
Expenses (Actual or Anticipated):	\$	.00	
Total Compensation and Expenses (Actual	or Anticipated):	\$	.00
Beginning date of Business Relationship (Ac	tual or Anticipated):	Month:	Year:
Beginning date of Business Relationship (Ac End date of Business Relationship (Actual or		Month:	Year: Year:
	Anticipated) if applicable:	Month:	Year:
End date of Business Relationship (Actual or III(b) Fill out this section ONLY for additional fill of the section of the secti	Anticipated) if applicable:	Month:	Year:
End date of Business Relationship (Actual or III(b) Fill out this section ONLY for additional Entity Name:	Anticipated) if applicable:	Month:	Year:
End date of Business Relationship (Actual or	Anticipated) if applicable:	Month:	Year: t in an Entity previously listed.
End date of Business Relationship (Actual or III(b) Fill out this section ONLY for additional Entity Name: Entity Address:	Anticipated) if applicable: onal State Person with the Requ	Month:	Year:
End date of Business Relationship (Actual or III(b) Fill out this section ONLY for additional Entity Name: Entity Address: City: Phone:	Anticipated) if applicable:  onal State Person with the Requ  State:	Month:	Year: t in an Entity previously listed.
End date of Business Relationship (Actual or III(b) Fill out this section ONLY for additional Entity Name: Entity Address: City: Phone: State Person with the Requisite Involvement	Anticipated) if applicable:  onal State Person with the Requ  State:	Month:	Year: t in an Entity previously listed.
End date of Business Relationship (Actual or III(b) Fill out this section ONLY for additional Entity Name: Entity Address: City: Phone: State Person with the Requisite Involvement ast name:	Anticipated) if applicable:  onal State Person with the Requ  State:  in the Entity:  First name:	Month:	Year: t in an Entity previously listed.
End date of Business Relationship (Actual or III(b) Fill out this section ONLY for additional Entity Name: Entity Address: City:	Anticipated) if applicable:  onal State Person with the Requ  State:  in the Entity:  First name:	Month:	Year: t in an Entity previously listed.
End date of Business Relationship (Actual or III(b) Fill out this section ONLY for additional Entity Name: Entity Address: City: Phone: State Person with the Requisite Involvement cast name: Itate Person's Agency or Legislative Body of	Anticipated) if applicable:  onal State Person with the Requ  State:  in the Entity:  First name:	Month:	Year: t in an Entity previously listed.

Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

IV Business Relationship with a Sta Instructions: Fill out this section only if the Relationand fill out Section III.	rite Person onship is with a State Person.	If the Relationship	p is with an Entity, skip this section
State Person Last Name:	State Perso	on First Name:	
Agency or Legislative Body of Employment:			
Public Office Address:			
City:	State:		ZIP code:
Phone:			
Description of Business Relationship(s):			
Compensation (Actual or Anticipated):	\$	.00	
Expenses (Actual or Anticipated):	\$	.00	
Total Compensation and Expenses (Actual or A	Anticipated):	\$	.00
Beginning date of Business Relationship (Actua	l or Anticipated):	Month:	Year:
End date of Business Relationship (Actual or An	ticipated) if applicable:	Month:	Year:

nstructions: Fill out this section only if the Relati and fill out Section III.			loe	
State Person Last Name: Curry		ate Person First Nan		
Agency or Legislative Body of Employment: N	ew York State Dept	. of Agriculture and Mark	kets, Div. of New York State Fair	
Public Office Address: 10B Airline Drive				
City: Albany	State: NY		ZIP code: 12235	
Phone: 800-554-4501				
Description of Business Relationship(s):National	Grid employs Mr. C	urry, who served part-tir	me on state payroll as a 2012 New Yo	ork
			T. 170	
state Fair Grandstand Security Guard.		,	N 1000	
State Fair Grandstand Security Guard.			55	
State Fair Grandstand Security Guard.			9	
	\$	2,477 .00		
Compensation (Actual or Anticipated):				
Compensation (Actual or Anticipated): Expenses (Actual or Anticipated): Total Compensation and Expenses (Actual or	\$ \$	2,477 .00		
Compensation (Actual or Anticipated): Expenses (Actual or Anticipated):	\$ \$ Anticipated):	2,477 . <b>00</b> 0 . <b>00</b>	2,477 .00	

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

DATE: February 1, 2013

O Designee (Attach Letter)

FIRST Echo

I declare under penalty of perjury that the information contained in this report is true,

Check here if using addendum sheet for additional State Person(s):

correct, and complete to the best of my knowledge and belief.

V Declaration

Mark One:

X SIGNATURE: Echo Canturigut

PRINT NAME: LAST Cartwright